



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
**DATAMASTER MAINTENANCE REPORT**

received 7/11/14-cd

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 15 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

**REVIEWED**

By Carol Day at 2:36 pm, Sep 08, 2014

DATAMASTER SN 201285	NAME OF AGENCY LAMAR POLICE DEPARTMENT	DATE OF INSPECTION 07/02/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 1010 CHERRY LAMAR		TIME OF INSPECTION 4:41 am

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 07-02-2014 4:41
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER

☒ INDICATOR LIGHTS

☒ SIMULATOR SOLUTION SUPPLIER GUTH LABORATORIES LOT # 13060 EXP. DATE 02/04/2015

☒ SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD2727 EXP. DATE 07/10/2014

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☐ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE  
☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE  
☒ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 .039	TEST 2 .039	TEST 3 .039
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☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	2	(0-.04)	3	(.05-.09)	0	(.10-.14)	0	(.15-.19)	2	OVER .19	0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS  
(USE OTHER SIDE IF NECESSARY).

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME DENNIS O. CORNELL
TYPE II PERMIT NUMBER/EXPIRATION DATE 220260 09/13/2014	TELEPHONE NUMBER (417) 682-3546

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901



## GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13060 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on February 7, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0482% (w/vol) ethyl alcohol. The expiration date for this lot number is February 4, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.040 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number FN120110-04 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



DENNIS O CORNELL

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

**DATAMASTER**

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/13/2012

Number 220260

Expires 09/13/2014

MD 500-0771 (7-03)

Director of State Public Health Laboratory

Director, Department of Health

Lth. 4 (52-03)

104  
Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

104%  
Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

Operator Signature

Operator Signature

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

1. Date of Collection: \_\_\_\_\_  
2. Time of Collection: \_\_\_\_\_  
3. Location of Collection: \_\_\_\_\_  
4. Name of Collector: \_\_\_\_\_  
5. Name of Operator: \_\_\_\_\_  
6. Name of Supervisor: \_\_\_\_\_  
7. Name of Witness: \_\_\_\_\_  
8. Name of Investigator: \_\_\_\_\_  
9. Name of Analyst: \_\_\_\_\_  
10. Name of Reviewer: \_\_\_\_\_  
11. Name of Approver: \_\_\_\_\_  
12. Name of Signatory: \_\_\_\_\_  
13. Name of Recipient: \_\_\_\_\_  
14. Name of Distributor: \_\_\_\_\_  
15. Name of Recipient: \_\_\_\_\_  
16. Name of Distributor: \_\_\_\_\_  
17. Name of Recipient: \_\_\_\_\_  
18. Name of Distributor: \_\_\_\_\_  
19. Name of Recipient: \_\_\_\_\_  
20. Name of Distributor: \_\_\_\_\_

Operator Signature

